

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTHState File No. 100a
Registered No. 568

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. 37 Mes. Canow St. _____ Ward _____2. Full name of child Candelario Mendoza3. Sex of Child Male To be answered ONLY } 4. Twin, triplet or other _____ 6. Legitimate? yes 7. Date of birth Feb 2-1931
In event of plural births. } 5. No. in order of birth _____ Month Day Year8. FATHER
Full name Amado Mendoza
9. Residence Miami
(Usual place of abode)
If non-resident, give place and state. Arizona10. Color or race Mex. 11. Age at last birthday 32 (Years)12. Birthplace (city or place) Solomonville
(State or country) Arizona13. Occupation
Nature of Industry Miner14. MOTHER
Full maiden name Trinidad Garcia
15. Residence Miami
(Usual place of abode)
If non-resident, give place and state. Arizona16. Color or race Mex 17. Age at last birthday 29 (Years)18. Birthplace (city or place) Mex calf
(State or country) Ariz.19. Occupation
Nature of Industry Housewife20. Number of children of this mother 12 } (a) Born alive and now living 12
(Taken as of time of birth of child herein } (b) Born alive but now dead 0
certified and including this child.) } (c) Stillborn 021. Were precautions taken against ophthalmia neonatorum? YesCERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was born alive at 130 P. on the date above stated.
(Born alive or stillborn)Signature Cyril M. Brown M.D. (Physician or midwife.)
Given name added from 341-202-271 Address Miami, Arizona
a supplement report Month, day, year Dec 31 Charles E. Davis

each in order of birth stated.